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Department of the Treasury Internal Revenue Service

Return of Private Foundation

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf and ending

For	calen	dar year 2013 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identification	n number
F	os	SEEN FOUNDATION			91-1620966	-)
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
4	4	E. HIGH DRIVE			509-747-32	254
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending check here
		all that apply" Initial return	Initial return of a fo	rmer public charity	- ID 1 Foreign organization	s check here
•		Final return	Amended return	pasie sita il	, votoign of gameaton	5, 6, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
		Address change	Name change		 Foreign organizations management of the charge and attach or company. 	eeting the 85% test, omputation
H (heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
] Se		Other taxable private foundate	tion	under section 507(b)(1	(1
l Fa	ır ma	rket value of all assets at end of year J Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1	
_		1,971,534. (Part I, colu	mn (d) must be on cash b	asis.)		
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	21.	21.		STATEMENT 1
	4	Dividends and interest from securities	34,946.	34,946.		STATEMENT 2
	5a	Gross rents				
•	b	Net rental income or (loss)				
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price to all assets on line 6a				
eve	7	Capital gain net income (from Part IV, line 2)		0.		,
ш	8	Net short-term-capital-gain				
	9	Income modification CEIVED Gross sales less returns and allowances				
	10a					,
	D	1901 Allis II ii onea icol				
	11	Gross profit of (loss) 1 9 2014 Other Income				
	12	Total Add ing Catroto Mi 11T	34,967.	34,967.		
	13	Compensation of binders, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses		Legal fees				
eii	b	Accounting fees STMT 3	1,300.	650.		650.
œ∰.	C	Other professional fees				
6 5	17	Interest				
4.20	18	Taxes STMT 4	952.	192.	<u> </u>	0.
	19	Depreciation and depletion				
g	20	Occupancy				
∌	21	Travel, conferences, and meetings				<u> </u>
SC.004ktlippardtAGministratiyetexpense	22	Printing and publications Other expenses STMT 5	140.	0.		0.
	23 24	Total operating and administrative	140.			0.
		expenses Add lines 13 through 23	2,392.	842.		650.
ijŎ,	25	Contributions, gifts, grants paid	86,000.	<u> </u>		86,000.
	26	Total expenses and disbursements				
~		Add lines 24 and 25	88,392.	842.		86,650.
	27	Subtract line 26 from line 12.				
	a	Excess of revenue over expenses and disbursements	<53,425.			
	b	Net investment income (if negative, enter -C-)		34,125.		
	C	Adjusted net income (if negative, enter -0-)			N/A	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30					
	(must agree with end-of-year figure reported on prior year's return)				1	1,496,943.
2	Enter amount from Part I, line 27a				2	<53,425.>
3	Other increases not included in line 2 (itemize)	SEE	STATEMENT	6	3	16,973.
4	Add lines 1, 2, and 3				4	1,460,491.
5	Decreases not included in line 2 (itemize) ▶				5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II_column (b)	, line 30			6	1,460,491.

	SEEN FOUNDAT		 	·	9:	1-16209	966 Page 3
Part IV Capital Gains			t Income	16.711			
	ribe the kind(s) of property s irehouse, or common stock,			(b) How acquired P - Purchase D - Donation	(c) Date a		(d) Date sold (mo., day yr.)
1a							
b NO:	NE						
<u>c</u>							
d							
<u>e</u>							
(e) Gross sales price	(f) Depreciation allows (or allowable)		st or other basis expense of sale			ın or (loss) (f) mınus (g)	
a							
b							
c							
d							
e							
Complete only for assets showin	g gain in column (h) and ow	ned by the foundation	on 12/31/69	(i)	Gains (Co	ol (h) gain min	us
(i) F.M. V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ccess of col (i) col (j), if any	col	(k), but no Losses (ot less than -0- from col (h))	·) or
a							
b							
С							····
d						-1.1	
е							*
2 Capital gain net income or (net ca	pital loss) If gain, al	so enter in Part I. line enter -0- in Part I, line	7 7	} 2			
3 Net short-term capital gain or (los	•						
If gain, also enter in Part I, line 8,		22(0) und (0)					
If (loss) enter -0- in Part I, line 8) 3			
Part V Qualification U	nder Section 4940(e) for Reduced	Tax on Net	Investment Inc	ome		
(For optional use by domestic private	foundations subject to the s	section 4940(a) tax on	net investment in	come.)			
If continue 4040(d)(2) applies leave th	us part blank						
If section 4940(d)(2) applies, leave th	ns part Diank						
Was the foundation liable for the sect	ion 4942 tax on the distribu	table amount of any ye	ear in the base per	ioq ₅			Yes X No
If "Yes " the foundation does not quali							
1 Enter the appropriate amount in e	ach column for each year, s	ee the instructions be	fore making any e	ntries			
(a) Base period years		(b)		(c)		(d) Distributio	n ratio
Calendar year (or tax year beginning	ig in) Adjusted qualif	ying distributions	Net value of no	ncharitable-use assets		col (b) divided	by col (c))
2012		75,625.		1,652,822			.045755
2011		47,875.	- ,-,-,-	1,482,843		· · ·	.032286
2010		54,859.		1,239,397	•		.044263
2009		54,338.		1,348,529			.040294
2008		78,050.		1,640,605	•		.047574
2 Total of line 1, column (d)			-		2		.210172
3 Average distribution ratio for the 5	•	ne total on line 2 by 5,	or by the number	of years			
the foundation has been in exister	ice if less than 5 years			•	3	_	.042034
						_	
4 Enter the net value of noncharitab	le-use assets for 2013 from	Part X, line 5			4	1,	812,352.
5 Multiply line 4 by line 3					5		76,180.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			-	6		341.
7 Add lines 5 and 6		-		-	7		76,521.
							A
8 Enter qualifying distributions from				-	8	 -	86,650.
If line 8 is equal to or greater than	line 7, check the box in Part	VI, line 1b, and comp	lete that part usin	g a 1% tax rate			
See the Part VI instructions							

b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from leopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3h

4a

N/A

during the year?

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Total number of other employees paid over \$50.000

orm 990-PF (2013) FOSSEEN FOUNDATION	91-1	.620966 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u>-</u>	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	ical information such as the luced, etc	Expenses
N/A		1
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
N/A		
All other program-related investments. See instructions.		
	I .	

0.

Total Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundation	ons must complete this part. Fo	reign found	dations, s	see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out cha	aritable etc., purposes.			
a Average monthly fair market value of securities	, , , , , , , ,		1a	1,634,080.
b Average of monthly cash balances	•		1b	205,871.
c Fair market value of all other assets	•		1c	
d Total (add lines 1a, b and c)	-	Γ	1d	1,839,951.
e Reduction claimed for blockage or other factors reported on lines 1a and		Γ		
1c (attach detailed explanation)	1e	0.		
2 Acquisition indebtedness applicable to line 1 assets			2	0.
3 Subtract line 2 from line 1d			3	1,839,951.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater am	iount, see instructions)		4	27,599.
5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here a	nd on Part V, line 4		5	1,812,352.
6 Minimum investment return Enter 5% of line 5			6	90,618.
Part XI Distributable Amount (see instructions) (Section 4942(j) foreign organizations check here and do not complete this		dations and	certain	
1 Minimum investment return from Part X, line 6	· · · · · · · · · · · · · · · · · · ·		1	90,618.
2a Tax on investment income for 2013 from Part VI, line 5	2a	341.		
b Income tax for 2013 (This does not include the tax from Part VI.)	2b		1	
c Add lines 2a and 2b			2c	341.
3 Distributable amount before adjustments. Subtract line 2c from line 1			3	90,277.
4 Recoveries of amounts treated as qualifying distributions	<u>-</u>		4	0.
5 Add lines 3 and 4	-		5	90,277.
6 Deduction from distributable amount (see instructions)			6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on	Part XIII, line 1		7	90,277.
Part XII Qualifying Distributions (see instructions)				
1 Amounts paid (including administrative expenses) to accomplish charitable, etc.	, purposes.			
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	86,650.
b Program-related investments - total from Part IX-B	•		1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out ch	aritable, etc., purposes		2	
3 Amounts set aside for specific charitable projects that satisfy the			İ	
a Surtability test (prior IRS approval required)			3a	· · · · · · · · · · · · · · · · · · ·
b Cash distribution test (attach the required schedule)			3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line	8, and Part XIII, line 4		4	86,650.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on ne	investment			
income Enter 1% of Part I, line 27b		L	5	341.
6 Adjusted qualifying distributions Subtract line 5 from line 4			6	86,309.
Note: The amount on line 6 will be used in Part V. column (b), in subsequent ve	ars when calculating whether the for	indation di	airfies for t	the section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7		ì	;	90,277.
2 Undistributed income, if any, as of the end of 2013		3 1		
a Enter amount for 2012 only		,	0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2013		Į.		
a From 2008				
b From 2009				
c From 2010			-	
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from		, y		
Part XII, line 4 ► \$ 86,650.		;		
a Applied to 2012 but not more than line 2a			0.	
b Applied to undistributed income of prior				
vears (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
·	0.	ĺ		
(Election required - see instructions)	U • 3	<u> </u>		86,650.
d Applied to 2013 distributable amount	0.			80,030.
e Remaining amount distributed out of corpus	0.	- 1		
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		1		
â Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	1		
b Prior years' undistributed income. Subtract			1	
line 4b from line 2b		0.	,	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.	i	
assessed		U •	,	
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line			0.	
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2013 Subtract		1	1	
ines 4d and 5 from line 1. This amount must		•	<u> </u>	2 627
be distributed in 2014			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	3,627.
7 Amounts treated as distributions out of			j	,
corpus to satisfy requirements imposed by	0	j	(
section 170(b)(1)(F) or 4942(g)(3)	0.	1		
8 Excess distributions carryover from 2008	^	1	,	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014	^	l l		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9	,	1 1		
a Excess from 2009				
b Excess from 2010	•	, ,	:	
c Excess from 2011	•	•	ļ	
d Excess from 2012	3		;	
e Excess from 2013		!	•	

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE NONE GRANT ALZHEIMERS DIMENTIA CONNECTION 10,000. SPOKANE WA NONE GRANT AMERICAN BOXER CHARITABLE FOUNDATION NONE SPOKANE, WA 5 000. NONE GRANT BELLEVUE COMMUNITY COLLEGES NONE 1,000. BELLEVUE, WA BEN TOWNE FOUNDATION NONE NONE GRANT 2,500. SPOKANE, WA LAKE OSWEGO SCHOOL FUND NONE NONE GRANT 1.500 LAKE OSWEGO OR SEE CONTINUATION SHEET(S) **▶** 3a 86 000. Tota! b Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

	11	huainnas masmi		·, • 1	
Enter gross amounts unless otherwise indicated	(a) Business	business income (b) Amount	(C) . Exclu- sion	y section 512 513 o 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue	code	····	code	7 inount	Tanobon income
a h		,			
	1				······································
c					
е	i i				
f					
g Fees and contracts from government agencie	s				
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash					
investments			14	21.	
4 Dividends and interest from securities			14	34,946.	
5 Net rental income or (loss) from real estate		- 			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a	1				
b					
c	1		 		
d		· · · · · · · · · · · · · · · · · · ·	+		
e		0	1	34,967.	0.
13 Total Add fine 12, columns (b), (d), and (e)	<u> </u>				34,967
(See worksheet in line 13 instructions to verify calcu	lations.)		••	~	<u> </u>
		Cobmont of E	warmat D		
Part XVI-B Relationship of Acti	ivities to the Accon	nplishment of E	zempt P	urposes	
Line No Explain below how each activity for v	which income is reported in	column (e) of Part XVI-	-A contributed	importantly to the accom	olishment of
▼ the foundation's exempt purposes (
					•
					
					<u> </u>
				·	
	44.4,4,4,4,4				

Pa	rţ XVII	Information Re Exempt Organ		sfers	To and Transac	tions a	nd Relations	hips With Noncha	ritable	•	
1	Dud the or	ganization directly or indir	· · · · · · · · · · · · · · · · · · ·	of the fo	llowing with any other o	rganizatio	n described in secti	on 501(c) of		Yes	No
'		(other than section 501(c)						on 50 No) or	;		
a		from the reporting founda				our or gain	ZZGONO		İ		
•	(1) Cash		and to a nondiana	, o o o o o o o o o	ipt organization of				1a(1)		<u>x</u>
	(2) Other							•	1a(2)		X
h	Other tran								14(2)		
•		of assets to a noncharital	hle exempt organizat	ınn					1b(1)		X
		nases of assets from a noi	• •		ion	•	-		1b(2)		<u> </u>
	٠,	al of facilities equipment,	•	gumzut	1011				1b(3)		X
	` '	bursement arrangements	0. 0						1b(4)		X
	, ,	s or loan guarantees	-		•				1b(5)		X
		rmance of services or me	mhershin or fundrais	ana soli	citations			-	1b(6)		X
c	` '	f facilities, equipment, mai	·	-	•		•		10		X
	-	wer to any of the above is	•			should alw	avs show the fair m	narket value of the goods.		iets.	
•		s given by the reporting fo									
	column (d	f) the value of the goods,	other assets, or servi	ces rece	erved						
(a) ∟ı	пе по	(b) Amount involved	(c) Name of		ritable exempt organizat	ion	(d) Description	of transfers transactions, and	sharınç ar	rangeme	nts
				<u>N</u> /	<u>'A</u>						
						·					
			· · · · · · · · · · · · · · · · · · ·				1				
								54.			
											
					···						
								 			
							1				
		ndation directly or indirect				pt organiz	rations described	Ι	- 7.,	37	٦.,
		501(c) of the Code (other		(3)) or ii	n section 5277			L	Yes	LA	No
b	If "Yes," co	omplete the following sch			(h) Tune of orga	nization		(c) Description of relations	hun.		
		(a) Name of org	janization		(b) Type of orga	INZALIUII		(c) Description of relations	inb		
		N/A									
									<u> </u>		
				-				<u></u>			
	Linger	penalties of perjury, I declare	that I have examined this	s return. ir	ncluding accompanying sch	edules and s	statements and to the	best of my knowleage			
Sig He	and b	elief, it is true correct, and con				n all inform	ation of which preparer	has any knowledge retrief	y the IRS out the win below X Yes	e prepar (see ins	e I
	Sigi	nature of officer or trustee	0		Date		Trtle				
		Print/Type preparer's na	ame	Prepa	er's signature		Date	Check If PTIN			
					م)، م	_		self- employed			
Pa	id	JAMES R HA	RLESS CPA	<u> </u>	ames LITZIAN C	PA	07/08/14		0011		
	eparer	Firm's name ► SCH			EDEL, CPAS	PLLC		Firm's EIN ► 91 - 0			
Us	e Only			U							
		Firm's address ► 42				1420			_		
		SP	OKANE, WA	992	201-0395			Phone no (509)	7 <u>47-</u>	<u>215</u>	<u>8</u>

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CHILDREN'S VILLAGE OF COEUR D'ALENE NONE NONE GRANT COEUR D'ALENE ID 1,250. COMMUNITY COLLEGES OF SPOKANE NONE NONE GRANT SPOKANE WA 1,000. NONE FIRST TEE NONE GRANT 2,500. SPOKANE WA HAVASU COMMUNITY HEALTH FOUNDATION NONE NONE GRANT LAKE HAVASU, AZ 10,000. HCHF CANCER SOCIETY NONE NONE GRANT 5,000. SPOKANE WA NONE HOSPICE OF SPOKANE NONE GRANT 3,000 SPOKANE WA CAT ADOPTION TEAM NONE NONE GRANT SPOKANE, WA 500. NONE NONE JUNIOR ACHIEVEMENT GRANT SPOKANE WA 1,500. KSPS PUBLIC TV NONE NONE GRANT 2,500. SPOKANE WA NONE NONE GRANT MEALS ON WHEELS 2,500. SPOKANE, WA Total from continuation sheets 66 000.

NAME AND ADDRESS (NOME OF DESIRES) NATIONAL PUBLIC RADIO NONE NONE PARKINSONS RESOURCE CENTER NONE PARKINSONS RESOURCE CENTER NONE NONE PARKINSONS RESOURCE CENTER NONE NONE PARKINSONS RESOURCE CENTER PARKINSONS RESOURCE CENTER PARKINSONS RESOURCE CENTER NONE PARKINSONS RESOURCE CENTER PARKINSONS RESOURCE CENTER PARKINSONS RESOURCE CENTER NONE PARKINSONS RESOURCE CENTER PARKINSON	Part XV Supplementary Information				20966
Show any relationship to statistic of statistic of countedutor of statistic of countedutor of statistic of countedutor of statistic of statistic of countedutor of statistic of statistic of countedutor of statistic of statistic of countedutor of statistic of statistic of countedutor of statistic of statistic of countedutor of statistic of statistic of countedutor of statistic of statistic of countedutor of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of statistic of					
NATIONAL PUBLIC RADIO NONE NONE NONE PARKINSONS RESOURCE CENTER NONE PARKINSONS RESOURCE CENTER PARKINSONS		show any relationship to	Foundation status of	Purpose of grant or	Amount
PARKINSONS RESOURCE CENTER NOME NOME GRANT SPORANE WA 3 PLANNED PARENTHOOD NOME NOME GRANT SPORANE WA 1 ROTARY FOUNDATION NOME NOME GRANT SPORANE WA 10 ROTARY FOUNDATION NOME NOME GRANT SPORANE WA 10 SOUTHEIDE SENIOR CENTER NOME NOME GRANT SPORANE WA 1 STOKAME WA 1 LINION GOSPEL MISSION NOME NOME GRANT 1 UNION GOSPEL MISSION NOME NOME GRANT	Name and address (home or business)	or substantial contributor		Consideration	
PARKINSONS RESOURCE CENTER NOME NOME GRANT SPORAME WA	NATIONAL PUBLIC RADIO	NONE	NONE	GRANT	
SPOKANE, WA PLANNED PARENTHOOD NONE NONE SPOKANE, WA 1 ROTARY POUNDATION NONE NONE SPOKANE, WA 10 ROTARY POUNDATION NONE NONE SPOKANE, WA 10 SALVATION ARMY NONE NONE SPOKANE, WA 10 SALVATION ARMY NONE NONE SPOKANE, WA 1 LINION GOSPEL MISSION NONE NONE SPANT SPOKANE, WA 1 LINION GOSPEL MISSION NONE RANT SPOKANE, WA 1 LINION GOSPEL MISSION NONE SPANT SPOKANE, WA 1	SPOKANE, WA				2,000
PLANNED PARENTHOOD NONE NONE GRANT SPOKAME WA 10 ROTARY POUNDATION NONE NONE GRANT SPOKAME WA 10 SALVATION ARMY NONE NONE GRANT SPOKAME WA 10 SALVATION ARMY NONE NONE GRANT SPOKAME WA 1 SOUTHSIDE SENIOR CENTER NONE NONE GRANT SPOKAME WA 1 SPOKAME SYMPHONY NONE NONE GRANT SPOKAME SYMPHONY NONE NONE GRANT 1 UNION GOSPEL MISSION NONE NONE GRANT	PARKINSONS RESOURCE CENTER	NONE	NONE	GRANT	
SPOKANE WA 10 ROTARY FOUNDATION NONE NONE SRANT SPOKANE WA 10 ROTARY FOUNDATION NONE NONE SRANT SPOKANE WA 10 SALVATION ARMY NONE NONE SRANT SPOKANE WA 1 SPOKANE SENIOR CENTER NONE SRANT SPOKANE WA 1 SPOKANE SYMPHONY NONE NONE SRANT LUNION GOSPEL MISSION NONE NONE SRANT 1 UNION GOSPEL MISSION NONE NONE SRANT	SPOKANE, WA				3,000
ROTARY FOUNDATION NONE NONE STANT SPOKANE WA 10 ROTARY POUNDATION NONE NONE STANT SPOKANE WA 10 SALVATION ARMY NONE NONE STANT SPOKANE WA 1 SOUTHSIDE SENIOR CENTER NONE NONE STANT SPOKANE WA 1 SPOKANE SYMPHONY NONE NONE STANT SPOKANE SYMPHONY NONE NONE STANT LUNION GOSPEL MISSION NONE NONE GRANT LUNION GOSPEL MISSION NONE NONE GRANT	PLANNED PARENTHOOD	NONE	NONE	GRANT	
SPOKANE WA 10 ROTARY FOUNDATION NONE NONE GRANT SPOKANE WA 10 SALVATION ARMY NONE NONE GRANT SPOKANE WA 1 SOUTHSIDE SENIOR CENTER NONE NONE GRANT SPOKANE WA 1 SPOKANE WA 1 UNION GOSPEL MISSION NONE NONE GRANT LUNION GOSPEL MISSION NONE NONE GRANT	SPOKANE WA				1,000,
ROTARY FOUNDATION NONE NONE SPOKANE WA 10 SALVATION ARMY NONE NONE NONE SPOKANE WA 1 SOUTHSIDE SENIOR CENTER NONE NONE NONE SPOKANE WA 1 SPOKANE SYMPHONY NONE NONE SPOKANE SYMPHONY NONE NONE SRANT 1 UNION GOSPEL MISSION NONE NONE SRANT 1	ROTARY FOUNDATION	NONE	NONE	GRANT	
SPOKANE, WA 10 SALVATION ARMY NONE NONE GRANT SPOKANE, WA 1 SOUTHSIDE SENIOR CENTER NONE NONE GRANT SPOKANE, WA 1 SPOKANE SYMPHONY NONE NONE GRANT SPOKANE SYMPHONY NONE NONE GRANT 1 UNION GOSPEL MISSION NONE NONE GRANT	SPOKANE WA				10,000
SALVATION ARMY NONE NONE SPOKANE, WA 1 SOUTHSIDE SEKIOR CENTER NONE NONE SPOKANE, WA 1 SPOKANE, WA 1 UNION GOSPEL MISSION NONE NONE SRANT SRANT 1 AND SPOKANE SYMPHONY NONE NONE SRANT SPOKANE, WA 1	ROTARY FOUNDATION	NONE	NONE	GRANT	
SPOKANE WA SOUTHSIDE SENIOR CENTER NONE NONE SPOKANE WA SPOKANE SYMPHONY NONE NONE SRANT SPOKANE WA 1 UNION GOSPEL MISSION NONE NONE SRANT SPOKANE GRANT	SPOKANE, WA				10,000
SOUTHSIDE SENIOR CENTER NONE NONE GRANT SPOKANE WA 1 SPOKANE SYMPHONY NONE NONE GRANT LUNION GOSPEL MISSION NONE NONE GRANT	SALVATION ARMY	NONE	NONE	GRANT	
SPOKANE SYMPHONY NONE NONE GRANT SPOKANE, WA 1 UNION GOSPEL MISSION NONE NONE GRANT	SPOKANE WA				1,000
SPOKANE SYMPHONY NONE NONE GRANT SPOKANE WA 1 UNION GOSPEL MISSION NONE NONE GRANT	SOUTHSIDE SENIOR CENTER	NONE	NONE	GRANT	
SPOKANE, WA 1 UNION GOSPEL MISSION NONE NONE GRANT	SPOKANE WA				1,000
UNION GOSPEL MISSION NONE NONE GRANT	SPOKANE SYMPHONY	NONE	NONE	GRANT	
	SPOKANE, WA				1,500
CDOWANTE WA	UNION GOSPEL MISSION	NONE	NONE	GRANT	
SPURANE, WA	SPOKANE, WA				2,500
WOMENS AND CHILDRENS' FREE RESTAURANT NONE NONE GRANT	WOMENS AND CHILDRENS' FREE RESTAURANT	NONE	NONE	GRANT	
SPOKANE WA 2 Total from continuation sheets					2,500

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) OREGON DOG RESCUE NONE NONE GRANT PORTLAND OR 500. KOOTENAI COUNTY ENVIRONMENTAL NONE NONE GRANT ALLIANCE COEUR D'ALENE, ID 1,250. Total from continuation sheets

FORM 990-PF INTEREST ON SAV	VINGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
TD AMERITRADE		21.	21.	
TOTAL TO PART I, LINE 3		21.	21.	
FORM 990-PF DIVIDEN	IDS AND INTER	EST FROM SE	CURITIES	STATEMENT 2
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENU:		
TD AMERITRADE 34,94	16.	0. 34,9	46. 34,94	6.
TO PART I, LINE 4 34,94	6.	0. 34,9	34,94	6.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
ACCOUNTING FEES	1,300.	65	0.	650.
TO FORM 990-PF, PG 1, LN 16E	1,300.	65	0.	650.
FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION			(C) - ADJUSTED E NET INCOM	(D) CHARITABLE E PURPOSES
FOREIGN TAX WITHHOLDING FEDERAL INCOME TAXES	192. 760.		2. 0.	0.
TO FORM 990-PF, PG 1, LN 18	952.	19	2.	0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
CFFICE SUPPLIES WA CHARITABLE TRUST RENEWAL BANK FEES	47. 25. 68.	0. 0. 0.			0.
TO FORM 990-PF, PG 1, LN 23	140.	0.			0.
DESCRIPTION				AMOUNT	
DESCRIPTION AMERITRADE CREDIT RECONCILIATION ADJUSTMENTS TOTAL TO FORM 990-PF, PART II	I, LINE 3				54.
AMERITRADE CREDIT RECONCILIATION ADJUSTMENTS	I, LINE 3 CORPORAT	E STOCK		16,9	
AMERITRADE CREDIT RECONCILIATION ADJUSTMENTS TOTAL TO FORM 990-PF, PART II			OK VALUE	16,9	73.
AMERITRADE CREDIT RECONCILIATION ADJUSTMENTS TOTAL TO FORM 990-PF, PART II FORM 990-PF		B00	OK VALUE L,286,145.	16,9 16,9 STATEMENT FAIR MARKE	54. 73. 7

Form **8868**

(Rev. January 2014)

Department of the Treasury internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

S 14	u are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			ightharpoons
•	u are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted					
Electr	onic filing (e-file) You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (6	months for a	corporation
equir	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	168 to reques	t an extension
	to file any of the forms listed in Part I or Part II with the ex-					
² erso	al Benefit Contracts, which must be sent to the IRS in pap	oer format	(see instructions). For more details o	on the elec	tronic filing o	f this form,
isit w	ww irs gov/efile and click on e-file for Charities & Nonprofits	S				<u>_</u>
Par						
4 corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I	only					▶ □
4# oth	er corporations (including 1120-C filers), partnerships REM	IICs, and t	rusts must use Form 7004 to reques	st an extens	sion of time	
o file	ncome tax returns			Enter file	r's identifyin	g number
Гуре	Name of exempt organization or other filer, see instru	ıctıons		Employer	identification	number (EIN) or
orint						
	FOSSEEN FOUNDATION				91-162	20966
File by t due date		ee instruc	tions	Social sec	curity number	r (SSN)
iling vo eturn S	' 44 E. HIGH DRIVE					
nstructi		oreign add	ress, see instructions			
	SPOKANE, WA 99203					
≘nter	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	(•	,			
Applic	ation	Return	Application			Return
s For	440	Code	ls For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
		i	Form 1041-A			08
	90-BI	1 02				
Form	990-BL	02				09
Form Form	720 (individual)	03	Form 4720 (other than individual)			- i
Form Form	F720 (individual) 190-PF	03 04	Form 4720 (other than individual) Form 5227			10
Form Form Form	1720 (individual) 190-PF 190-T (sec. 401(a) or 408(a) trust)	03 04 05	Form 4720 (other than individual) Form 5227 Form 6069			10
Form Form Form	F720 (individual) 1990-PF 1990-T (sec. 401(a) or 408(a) trust) 1990-T (trust other than above)	03 04	Form 4720 (other than individual) Form 5227			10
Form Form Form Form	F720 (individual) P90-PF P90-T (sec 401(a) or 408(a) trust) P90-T (trust other than above) THE FOUNDATION	03 04 05 06	Form 4720 (other than individual) Form 5227 Form 6069 Form 8870			10
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Form Form Form Form Tol	P720 (individual) P90-PF P90-T (sec 401(a) or 408(a) trust) P90-T (trust other than above) THE FOUNDATION Probooks are in the care of ▶ 44 E. HIGH DRIP Perphone No ▶ 509-747-3254	03 04 05 06 VE -	Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 SPOKANE, WA 99203 Fax No			10
orm orm orm orm orm The	#720 (individual) #90-PF #90-T (sec 401(a) or 408(a) trust) #90-T (trust other than above) THE FOUNDATION # books are in the care of ▶ 44 E. HIGH DRI #phone No ▶ 509-747-3254 ### per organization does not have an office or place of busines	03 04 05 06 VE -	Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 SPOKANE, WA 99203 Fax No Inted States, check this box	If the cofe		10 11 12
Form Form Torm Tel If t	#720 (individual) #90-PF #90-T (sec 401(a) or 408(a) trust) #90-T (trust other than above) #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATION #POUNDATIO	03 04 05 06 VE - :	Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 SPOKANE, WA 99203 Fax No Inted States, check this box emption Number (GEN)		_	10 11 12 Poup, check this
orm orm orm orm The If the	#720 (individual) #90-PF #90-T (sec 401(a) or 408(a) trust) #90-T (trust other than above) # THE FOUNDATION # books are in the care of ▶ 44 E. HIGH DRI # ephone No ▶ 509-747-3254 # eo organization does not have an office or place of busines ### If it is for part of the group check this box ▶	03 04 05 06 VE - s in the Ur Group Exe	Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 SPOKANE, WA 99203 Fax No Inted States, check this box emption Number (GEN) Inch a list with the names and EINs of	f all memb	_	10 11 12 Poup, check this
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orm orm orm orm orm form form form tel ftt	#720 (individual) #90-PF #90-T (sec 401(a) or 408(a) trust) #90-T (trust other than above) THE FOUNDATION # books are in the care of ▶ 44 E. HIGH DRI # sephone No ▶ 509 - 747 - 3254 # se organization does not have an office or place of busines ### sis is for a Group Return, enter the organization's four digit ### If it is for part of the group check this box ▶ ### request an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exemption of the group of the exemption of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of the group of	03 04 05 06 VE - s in the Ur Group Exe and atta	Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 SPOKANE, WA 99203 Fax No Inted States, check this box emption Number (GEN) Inch a list with the names and EINs of	e until	ers the exten	10 11 12 Proup, check this sion is for
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The lf to	#720 (individual) #90-PF #90-T (sec 401(a) or 408(a) trust) #90-T (trust other than above) ### THE FOUNDATION ### Books are in the care of ▶ 44 E. HIGH DRI ### Books are in the care of ▶ 509 - 747 - 3254 ### Books are in the care of ▶ 44 E. HIGH DRI #### Books are in the care of ▶ 44 E. HIGH DRI #### Books are in the care of ▶ 44 E. HIGH DRI #### Books are in the care of ▶ 44 E. HIGH DRI #### Books are in the care of ▶ 44 E. HIGH DRI ##### Books are in the care of ▶ 44 E. HIGH DRI ###### Books are in the care of ▶ 44 E. HIGH DRI ###################################	03 04 05 06 VE - as in the Ur Group Exe and atta n required of organiza	Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 SPOKANE, WA 99203 Fax No Inted States, check this box emption Number (GEN) Section file Form 990-T) extension of time tion return for the organization name	e until	ers the exten	10 11 12 Proup, check this sion is for
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